



## REGULAR GRIEVANCE FORM

Log Number \_\_\_\_\_

|                             |                         |                          |                       |                            |
|-----------------------------|-------------------------|--------------------------|-----------------------|----------------------------|
| <u>DeLonta</u><br>Last Name | <u>Ophelia</u><br>First | <u>#120047</u><br>Number | <u>C5</u><br>Building | <u>A 42</u><br>Cell Number |
|-----------------------------|-------------------------|--------------------------|-----------------------|----------------------------|

WHAT IS YOUR COMPLAINT? (Provide information from the informal process: who did you see, when did you see them, what was done OR attach informal complaint if Implementation Memorandum requires such).

On or about 3-11-09 I was violated sexually as well as  
Extorted by C/O S. Anderson. While housed in C-5, I was  
in the laundry when C/O Anderson approached me from behind  
running her hand between my legs, fondling my private area,  
I'm not satisfied with the informal response, due to  
this incident I should have been investigated fully of  
every aspect.

What action do you want taken? per policy when an inmate is sexually assaulted  
there should be counseling, especially when staff is accused.  
I'm experiencing severe stress, bouts of depression, guilt,  
paranoia, which makes my side effects of my GID even  
worse, because of the uncontrollable urges that becoming over-  
whelming. I want no need help.

Grievant's Signature: Ophelia DeLonta Date: 6-2-09

Warden/Superintendent's Office: \_\_\_\_\_  
Date Received: \_\_\_\_\_  
AUG 26 2009  
Ombudsman Services Unit  
Central Region  
RECEIVED  
RECEIVED  
JUN 04 2009  
Exhibit A  
GRIEVANCE OFFICE  
Revision Date: 9/1/2004



**INSTRUCTIONS FOR FILING:** You are required per Division Operating Procedure 866 "Inmate Grievance Procedure" to attempt to resolve your complaint in good faith prior to filing a regular grievance. The institutional Implementation Memorandum 866 details the informal process to use. You must submit your grievance within 30 days from the date of occurrence or discovery of incident. Only one issue per grievance will be addressed. Write your issue only in the space provided on the grievance form, preferably in ink. Regular grievances are submitted through the institutional mail to the Warden/Superintendent's office and a receipt issued within 2 working days from received date if the grievance is not returned during intake.

**INTAKE:** Grievances should be accepted for logging unless returned for the following reason(s):

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/>            | Non-Grievable. This issue has been defined as non-grievable in accordance with Division Operating Procedure 866.<br>_____ Disciplinary Procedure. You may appeal hearing decisions, penalties, and/or procedural errors under the provisions in Division Operating Procedure 861, "Inmate Discipline".<br>_____ Matters beyond the control of the Department of Corrections. |
| <input type="checkbox"/>            | Does not affect you personally.  |
| <input type="checkbox"/>            | Limited. You have been limited by the Warden/Superintendent.   |
| <input type="checkbox"/>            | More than one issue – resubmit with only one issue.  |
| <input checked="" type="checkbox"/> | Expired Filing Period. Grievances are to be filed within 30 calendar days from date of occurrence/incident, or discovery of the occurrence/incident except in instances: 1) beyond the inmate's control or, 2) where a more restrictive time frame has been established in Division procedures to prevent loss of remedy or the issue from becoming moot.                    |
| <input type="checkbox"/>            | Repetitive. This issue has been grieved previously in grievance # _____  |
| <input type="checkbox"/>            | Inquiry on behalf of other inmates.  |
| <input type="checkbox"/>            | Group Complaints or Petitions. Grievances are to be submitted by individuals.  |
| <input type="checkbox"/>            | Vulgar/Insolent or Threatening Language. YOU MAY BE CHARGED IN ACCORDANCE WITH THE PROVISIONS IN DIVISION OPERATING PROCEDURE 861 "INMATE DISCIPLINE".   |
| <input type="checkbox"/>            | Photocopy/Carbon Copy. You must submit the original grievance for responses and appeals.   |
| <input type="checkbox"/>            | Grievances Filed Regarding Another Institution. This grievance is being returned to you for you to submit to: _____  |
| <input type="checkbox"/>            | Informal Procedure. You have not used the informal process to <u>resolve</u> your complaint in accordance with the Implementation Memorandum.  |
| <input type="checkbox"/>            | Request for services.  |
| <input type="checkbox"/>            | Insufficient Information. You need to provide the following information to the Grievance Office before the grievance can be processed: _____<br>_____<br>_____   |
| <input type="checkbox"/>            | The issue in the grievance is different from the issue in the informal complaint.  |

Institutional Ombudsman/Grievance Coordinator: P. Larlee

Date: 6/4/09

If you disagree with this decision, you have 5 calendar days from the date of receipt to submit to the Regional Ombudsman for a review of the intake decision. The Regional Ombudsman's decision is final.

Regional Review of Intake (within 5 working days of receipt)

☒ The intake decision is being upheld in accordance with the criteria in Division Operating Procedure 866 "Inmate Grievance Procedure".

☐ The intake decision is being returned to you because the 5 day time limit for review has been exceeded.

☐ The grievances meet the criteria for intake and are being returned to the Warden/Superintendent for logging.

Regional Ombudsman: D. White

Date: 8/28/09

**WITHDRAWAL OF GRIEVANCE:** I wish to voluntarily withdraw this grievance. I understand that by withdrawing this grievance, there will be no further action on this issue nor will I be able to file any other grievance in the future on this issue.

Inmate Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Witness: \_\_\_\_\_

Date: \_\_\_\_\_

## Informal Complaint

**INSTRUCTIONS FOR FILING:** Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.

Ophelia De'lonta 120047 C-5/A42  
Offender Name Offender Number Housing Assignment

☐ Unit Manager/Supervisor ☐ Food Service ☐ Treatment Program Supervisor  
☐ Personal Property ☐ Commissary ☐ Mailroom  
☐ Medical Administrator ☐ Other (Please Specify):

Briefly explain the nature of your complaint (be specific):

On or about 3-11-09 I was violated Sexually as well as Extorted by C/O S. Anderson. While housed in C-5, I was in the laundry when C/O Anderson aproached me from behind runing her hand between my legs fondling my private area. Stating this should give you the incentive to do what I tell you to do.

Offender Signature Ophelia De'lonta Date 5-20-09

Offenders - Do Not Write Below This Line

Date Received: 5-26-09 Tracking # 13625  
Response Due: 6-9-09 Assigned to: Sgt. Bendrick

Action Taken/Response:

This complaint is very delayed.  
Moreover, the staff member is no longer here.

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JUN 04 2009

Respondent Signature

RECEIVED

AUG 26 2009

Printed Name and Title

JOHN BENDRICK Investigator 6/2/09

Date

Original - Offender

Ombudsman Services Unit

First Copy - File

Second Copy - Offender as Intake Receipt

Central Region

1 of 2

Revision Date: 7/13/07

|   |   |
|---|---|
| <b>INTAKE:</b> Informal Complaints should be accepted for logging unless returned for the following reason (s): |   |
| <input type="checkbox"/>  | Disciplinary Procedure. You may appeal hearing decisions, penalties, and/or procedural errors under the provisions in Operating Procedure 861.1, <i>Offender Discipline</i> . |
| <input type="checkbox"/>  | Does not affect you personally  |
| <input type="checkbox"/>  | Limited. You have been limited by the Warden/Superintendent   |
| <input type="checkbox"/>  | More than one issue – resubmit with only one issue.   |
| <input type="checkbox"/>  | Repetitive. This issue has been addressed previously in Informal Complaint #  |
| <input type="checkbox"/>  | Inquiry on behalf of other offenders.   |
| <input type="checkbox"/>  | Group Complaints or Petitions. Informal Complaints are to be submitted by individuals.  |
| <input type="checkbox"/>  | Vulgar/Insolent or Threatening Language. YOU MAY BE CHARGED IN ACCORDANCE WITH OPERATING PROCEDURE 861.1 <i>OFFENDER DISCIPLINE</i>   |
| <input type="checkbox"/>  | Photocopy/Carbon Copy. You must submit the original Informal Complaint for responses and appeals.   |
| <input type="checkbox"/>  | Informal Complaints Filed Regarding Another Institution. This Informal Complaint is being returned to you for you to submit to:   |
| <input type="checkbox"/>  | Request for services  |
| <input type="checkbox"/>  | Insufficient Information. You need to provide the following information before the Informal Complaint can be processed: _____   |

Grievance Office Designee Signature

Printed Name

Date

**WITHDRAWAL OF INFORMAL COMPLAINT:**

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The grievance should meet the criteria for intake because this incident was investigated after I reported . I was instructed to do certain things doing this investigation, once it was over I never was contacted after that, which someone should have followed up.

*Ophelia Delantz*  
8-21-09

RECEIVED

AUG 26 2009

Ombudsman Services Unit  
Central Region